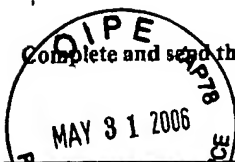


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
 or **Fax** (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee communications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

21874 7590 03/24/2006

EDWARDS & ANGELL, LLP
 P.O. BOX 55874
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Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Amy Leahy (Depositor's name)
 (Signature)
 May 31, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/690,077	10/21/2003	David T. MacLaughlin	62025DIV(51588)	4824

TITLE OF INVENTION: DELIVERY OF THERAPEUTIC BIOLOGICALS FROM IMPLANTABLE TISSUE MATRICES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	06/26/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
KAUSHAL, SUMESH	1633	424-093210

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
2. For printing on the patent front page list:
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- 01 FC:2501
 02 FC:1504
 780.00 D0
 300.00 D1
 Edwards Angell Palmer
 & Dodge LLP
 1 Amy M. Leahy
 2
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

The General Hospital Corporation

Boston, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☐ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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- ☐ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1105 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Amy M. Leahy

Date

May 31, 2006

Typed or printed name

Amy M. Leahy

Registration No.

47,739

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**FAX TRANSMISSION****DATE:** May 31, 2006**PTO IDENTIFIER:** Application Number 10/690,077-Conf. #4824
Patent Number**Inventor:** David T. MacLaughlin et al.**MESSAGE TO:** MS ISSUE FEE**FAX NUMBER:** (571) 273-2885**FROM:** EDWARDS ANGELL PALMER & DODGE LLP
Amy M. Leahy**PHONE:** (203) 975-7505**Attorney Dkt. #:** 62025DIV(51588)**PAGES (Including Cover Sheet):** 3**CONTENTS:** Fee Transmittal (1 page)
Charge \$1,000.00 to deposit account 04-1105
Certificate of Transmission (1 page)

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3:27PM

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No. 2115 P. 2

PTO/SB/97 (09-04)
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Application No. (if known): 10/690,077

Attorney Docket No.: 62025DIV(51588)

Certificate of Transmission under 37 CFR 1.8

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on May 31, 2006
Date

Signature

Denise Kadinski

Typed or printed name of person signing Certificate

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Fee Transmittal (1 page)

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PTO/SB/17 (01-08)

Approved for use through 7/31/2008. OMB 0851-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L.R. 4818).

FEE TRANSMITTAL For FY 2006

<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known	
		Application Number	10/690,077-Conf. #4824
		Filing Date	October 21, 2003
		First Named Inventor	David T. MacLaughlin
		Examiner Name	Sumesh Kaushal
		Art Unit	1633
TOTAL AMOUNT OF PAYMENT		(\$)	1,000.00
		Attorney Docket No.	62025DIV(51588)

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

Application Type		FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
		Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		

2. EXCESS CLAIM FEES		Small Entity
Fee Description	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
8	64	x	=			
HP = highest number of total claims paid for, if greater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3		x	=			
HP = highest number of independent claims paid for, if greater than 3.						

3. APPLICATION SIZE FEE			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee Paid (\$)
- 100		/50 (round up to a whole number) x	

4. OTHER FEE(S)		Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge): 2501 Utility issue fee		700.00
1504 Publication fee for early, voluntary, or normal ...		300.00

SUBMITTED BY			
Signature	<i>Amy M. Leahy</i>	Registration No. (Attorney/Agent)	47,739
Name (Print/Type)	Amy M. Leahy	Telephone	(203) 975-7505
		Date	May 31, 2006

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Dated: May 31, 2006

Signature: *Denise Kacinski* (Denise Kacinski)



FEE SUMMARY SHEET
Fee Transmittal (PTO SB-17)

Date: May 31, 2006
Time: 3:18 PM
Docket: 62025DIV(51588)

Filing Date: October 21, 2003
Application No: 10/690,077
Total Fee: \$ 1,000.00

Code	Amount	37 CFR	Fee Description	Listed on
2501	700.00	1.18(a)	Utility issue fee	Fee Transmittal (PTO SB-17)
1504	300.00	1.18(d)	Publication fee for early, voluntary, or normal publication	Fee Transmittal (PTO SB-17)